

IDAHO NATIONAL LABORATORY IDENTIFICATION REQUEST FORM

Section A - To be Completed by Requester (type or print clearly)

The Atomic Energy Act of 1954, as amended, Title 18, U.S. Code and P.L. 93-438, authorizes collection of the information requested. Disclosure of information on the form is voluntary. However, if the information is not provided, identification cannot be issued and admittance cannot be granted to security areas. Personal information on the form is used for an employment history and to establish and maintain identification records and authority for access to NE-ID and INL facilities. Information is furnished to the Contractor-operated Technical Library, the Medical Division, the DOE Dosimetry Branch, and to your employer. The Social Security number is used as an identifying factor and its use was provided for by regulations, which were in affect prior to January 1, 1975.

Complete Full Name (last, first, middle):		Contractor: INL <input type="checkbox"/> ICP <input type="checkbox"/> DOE <input type="checkbox"/> AMWTP <input type="checkbox"/> OGA <input type="checkbox"/>	CSCS (FOCI): Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Address (including street address, city, state and zip):		Subcontractor/Vendor ID:	
Home/Cell Phone Number:	Work Phone Number:	Subcontractor Address:	
DOB (MDY):	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Subcontract Number:	
Social Security Number:		Charge Number:	
		Location:	
<input type="checkbox"/> Name Change		Contract Expiration Date:	
Previous Name (AKA):		Job Title or Craft Position:	
Employee S No.:			
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Non U.S. (Specify Country) <input type="checkbox"/> U.S. Naturalized (Documentation required)		Technical Contact: Org #: Phone Number:	Subcontract Administrator: Phone Number:
Home E-Mail:		Work E-Mail:	

I understand the credential applied for herein is the property of the United States Government and that any counterfeiting, alteration or misuse of this credential is a violation of section 499, Title 18, U.S. Code. I understand it is my responsibility to return my badge when it expires or is no longer needed. By affixing my signature below, I hereby certify the information furnished is true and correct.

Applicants Signature (not required for extension)

Section B – To be completed by Authorized Requestor

Type of Clearance: BAO <input type="checkbox"/> L <input type="checkbox"/> Q <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other <input type="checkbox"/>	Effective Date of Hire:	Expiration Date:
Former Lab Employee : Yes <input type="checkbox"/> No <input type="checkbox"/> S Number. (If Known):		
Logical Access Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physical Access Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____		_____
Authorized Requester		Date
(If Applicable) Supplementary Review		
Eligible for Hire: <input type="checkbox"/>		
Not Recommended for Hire: <input type="checkbox"/>		
_____		_____
Reviewing Management Signature		Date

Section C – To be completed by Personnel Security Specialist

_____	_____
Personnel Security Specialist	Date

INL EMPLOYMENT SUITABILITY QUESTIONNAIRE

The Department of Energy (DOE) Acquisition Regulations (Title 48, Code of Regulations, CFR 970.2201) and Basic Labor Policies (Title 10 CFR, Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Significant Quantities of Special Nuclear Material) require specific pre-employment screening actions. In addition, employment and/or access to the Idaho National Laboratory (INL) facilities may be contingent upon the granting and maintaining of a security clearance by DOE and/or the successful completion of a background review.

The questions on the INL Employment Suitability Questionnaire represent the eligibility requirements for access to INL facilities. Please answer all the questions completely. Omitted or misrepresented material on the questionnaire, or other Personal Security documents represent a significant integrity risk and will be closely scrutinized.

Collection of the information requested is authorized by the Atomic Energy Act of 1954, as amended (Chapter 12) and by the Executive Order 12958. The information provided on this form may be shared with authorized personnel or other federal personnel who have a need-to-know. All of the information will be protected pursuant to the Privacy Act of 1974.

Personal information on the form will be used in conjunction with the information from the pre-employment application in order to initiate the background investigation or to complete a reinvestigation on a current clearance. Your prompt response and full disclosure will expedite the determination of your eligibility for employment.

INL EMPLOYMENT SUITABILITY QUESTIONNAIRE
WHEN COMPLETED THIS FORM CONTAINS PRIVACY ACT INFORMATION AND PII

The Idaho National Laboratory (INL) is a U.S. National Laboratory that is operated by the Department of Energy (DOE). All positions at the INL require a complete background check. This questionnaire is designed to determine your suitability as a prospective employee or associate at the INL. Please answer each question truthfully and completely. For YES answers (except question 2), provide a complete explanation. If necessary, use separate sheets.

Printed Name

Social Security Number

Birth Date (month/day/year)

Questions

1. Are you currently under investigation for or listed on the GSA list of individuals who cannot participate in government contracts? (If unsure check no)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
2. Are you a United States citizen who can prove citizenship or provide other acceptable documentation as required by immigration and naturalization laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
3. Are you currently on parole or probation for a felony or crimes against persons? (including but not limited to murder, rape, injury to children, and armed robbery.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
4. Are you currently under investigation for or have been convicted of a federal felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		

INL EMPLOYMENT SUITABILITY QUESTIONNAIRE
WHEN COMPLETED THIS FORM CONTAINS PRIVACY ACT INFORMATION AND PII

5. Are you currently awaiting a hearing or trial; have been convicted of a crime punishable by imprisonment of 6 months or longer; or are awaiting or serving a form of preprosecution probation, suspended or deferred sentencing, probation, or parole in conjunction with an arrest or criminal charges against the individual for a crime that is punishable by imprisonment of 6 months or longer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
6. Do you have a record of trafficking in, selling, transferring, possessing, using, or experimenting with a drug or other substance listed in the Schedule of Controlled Substances established pursuant to Section 202 of the Controlled Substances Act of 1970 (such as marijuana, cocaine, amphetamines, barbiturates, narcotics, etc.) except as prescribed or administered by a physician within one (1) year of the date of application ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
7. Have you in the past 10 years been terminated from employment for cause?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		
8. Have you ever had a security clearance revoked, terminated, or denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation (If Necessary)		

I certify that the information contained in this Employment Suitability Questionnaire is correct and complete to the best of my knowledge. I understand that any offer of employment is contingent upon my complete and truthful response to this questionnaire. I understand that I may be denied employment, or immediately terminated from employment, if I have not answered truthfully and completely. I hereby grant authorization to INL Personnel Security to investigate the information contained herein and authorize any references provided to furnish any information requested pursuant to such investigation.

_____ Signature

_____ Date

FAILURE TO RETURN BADGE WARNING

I, (*print name*) _____ am receiving a badge to perform work at the Idaho National Laboratory (INL).

I have been briefed and fully understand I am required to return my badge when work on my current contract (*contract number*) _____ is completed or when I am not working at the INL due to a temporary Reduction of Force (ROF) for any period of time over 24 hours.

I will immediately turn in my badge to my employer, the Site Badging Office, a guard at any facility entrance to the INL Site, or Idaho Falls facility entrance point.

Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____